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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7913

State File No.

Registration District No. 336 Primary Registration District No. 4521 Registrar's No. 6

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town HOUSTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 YRS
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 106 0 0

(a) State MO (b) County TEXAS

(c) City or town HOUSTON
(If outside city or town limits write "RURAL")

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME CLARENCE HAWKINS

3. (b) If veteran, name war

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY HAWKINS

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased AUG (Month) 21 (Day) 1869 (Year)

8. AGE: Years 73 Months 5 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) WIS. / (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name FRANK HAWKINS
13. Birthplace (City, town, or county) PENN. / (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) UNKNOWN / (State or foreign country)

16. (a) Informant LENORD HAWKINS
(b) Address HOUSTON, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 2/13/43 (Month) (Day) (Year)
(c) Place: burial or cremation OZARK

18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address HOUSTON, MO

19. (a) Feb. 15-43 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 9
1943 year 8 hour 55 minute P. M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on Feb. 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic regurgitation

Due to Cardio Renal Vascular disease.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13/a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Chas R Orias (M. D. or other) MD
Address Houston Mo. Date signed

1240 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 243154
Date Filed 8-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.